

Pediatric clinic – 8 Feb 2011

Gastroenteritis

Parasitic:

- 1) Giardia: underweight, growth retardation, watery diarrhea, with mucous, endoscope → giardia in jejunum with aspiration technique → TTT: **metronidazole 25 mg/kg/day**
- 2) Entamoeba histolytica: dysentery, mucous, bloody stained stool, semisolid stool, pus if superadded infection → TTT: **metronidazole 50mg/kg/day**

Bacterial GE: 3rd gen. cephalosporin [secreted in bile, high concentration in GIT]

Cephoprazone (**cefazone**) **50mg/kg/day** divided over 12 h

Dehydration

sign	no	some	severe
Skin turgor	<2 sec	2-5 sec	>5 sec
Thirsty	Normal	Thirst eager to drink	Inability to drink
General Condition	Normal	Irritable	drowsy

Management

No dehydration → Plan A

- 1) ORS (**Rehydran, Rehydro-zinc**)
- 2) Sachet is **dissolved in 200 ml water**
- 3) If less than 1 year → 50 ml/motion
- 4) If more than 1 year → **100 ml/motion**

Some dehydration → plan B

- If no vomiting → ORS solution **75ml/kg** on **4 hours** then reevaluate
- If persistent vomiting → IV fluids (plan C) relaxation of stomach, to prevent alkalosis from vomiting, and to prevent electrolyte disturbance

Plan C

- Fluid (ringer lactate or normal saline) → **100 ml/kg**
 - If less than 1 year → over 6 hours
 - If more than 1 year → over 3 hours

To count drops per minute

$$\frac{\text{amount calculated} \left(\frac{100\text{ml}}{\text{kg}} \right) \times 20}{\text{number of hours} \times 60}$$

- Some say: shock therapy

⅓ Amount calculated over

- ⅓ hour if more than 1 year (total amount over 3 hour)
- 1 hour if less than 1 year (total amount over 6 hour)

Number of motion

- < 6 → mild dehydration
- 6-10 motion/day → moderated dehydration
- >10 motions/day → severe dehydration

Bacterial diarrhea → watery + bloody

Campylobacter jejuni → TTT is erythromycin

Anti-diarrheal drugs (e.g. Smecta, Kapect.....) is contraindicated

Sugary fluids (7up, cola) → ↑ diarrhea [hyperosmolar fluids]

Parenteral diarrhea → infection any where + diarrhea → TTT of infection (Upper RT, UTI, otitis media)

Anti-spasmodic (e.g. Hyoscine) → ↓ motility, ↓ secretory function → paralytic ileus

Diarrhea = TTT of dehydration + TTT of the cause

Vomiting

If more than once per feeding → abnormal

Most dangerous

- GERD
 - If weight is normal, baby is gaining weight → normal → TTT: Motinorm, Motilium
 - If not gaining weight → antiemetic + H₂ blocker (omeprazole)
- CHPS

Vomiting starting from 3rd week of life, persistent vomiting, projectile → US → refer to surgery